

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002460

FILED
Feb 24, 2012
Secretary of State

Entity Name: EAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O JACOBS JACOBS & ASSOCIATES, INC.
461 A1A BEACH BLVD.
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

461 A1A BEACH BLVD.
C/O SOVEREIGN-JACOBS
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

C/O JACOBS JACOBS & ASSOCIATES, INC.
461 A1A BEACH BLVD.
SAINT AUGUSTINE, FL 32080

New Mailing Address:

461 A1A BEACH BLVD.
C/O SOVEREIGN-JACOBS
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3346500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, PHILIP H
JACOBS, JACOBS & ASSOCIATES, INC.
461 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

LUMPKIN, ELLEN
C/O SOVEREIGN-JACOBS
461 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELLEN LUMPKIN

02/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: AMUN, JON
Address: 649 INTRACOASTAL CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ST
Name: SELLERS, MICHELLE
Address: 629 INTRACOASTAL CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: PD
Name: HAMLETT, ROB
Address: 240 ST. THOMAS STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D
Name: SHEREMETA, STEVEN
Address: 405 INAGUA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D
Name: CANNING, DONNA
Address: 801 SUGARCANE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN LUMPKIN

RA

02/24/2012

Electronic Signature of Signing Officer or Director

Date